



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Elite Healthcare Fort Worth

**Respondent Name**

TPCIGA for Reliance National Indemnity

**MFDR Tracking Number**

M4-15-3145-01

**Carrier's Austin Representative**

Box Number 50

**MFDR Date Received**

May 26, 2015

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "Carrier is not paying according to the Medicare Fee Schedule for 2015."

**Amount in Dispute:** \$192.87

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Upon receipt of the MDR request, the bills were sent for review. Payments were issued on 6/15/2015."

**Response Submitted by:** ACE/ESIS

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 27 – 29, 2015	Evaluation & Management, established patient (99213) Physical Therapy (97140, 97112, 97110)	\$192.87	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the guidelines for billing and reimbursing professional medical services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 59 – Processed based on multiple or concurrent procedure rules.
  - 240 – Charge reviewed to multiple procedure ground rules
  - 222 – Charge exceeds Fee Schedule allowance
  - P12 – Workers compensation jurisdictional fee schedule adjustment.

- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 18 – Duplicate claim/service
- 148 – This procedure on this date was previously reviewed

## **Issues**

1. What is the Maximum Allowable Reimbursement (MAR) for the disputed services?
2. Is the requestor entitled to additional reimbursement?

## **Findings**

1. The disputed services are subject to the fee guidelines found in Texas Administrative Code §134.203 (b), which states:

For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. The Division conversion factor for 2015 is \$56.20.

For CPT Code 99213 on January 27, 2015, the relative value (RVU) for work of 0.97 multiplied by the geographic practice cost index (GPCI) for work of 1.005 is 0.974850. The practice expense (PE) RVU of 1.01 multiplied by the PE GPCI of 0.995 is 1.004950. The malpractice RVU of 0.06 multiplied by the malpractice GPCI of 0.772 is 0.046320. The sum of 2.026120 is multiplied by the Division conversion factor of \$56.20 for a MAR of \$113.87. The requestor is seeking \$113.71; therefore, this is the total allowable for this service.

For CPT Code 97140 on January 27, 2015, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.005 is 0.432150. The practice expense (PE) RVU of 0.40 multiplied by the PE GPCI of 0.995 is 0.3980000. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The reduced PE is 0.199000. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.772 is 0.007720. The sum of 0.638870 is multiplied by the Division conversion factor of \$56.20 for a total of \$35.90. The total MAR for 2 units is \$71.80.

For CPT Code 97112 on January 27, 2015, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.005 is 0.452250. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 0.995 is 0.477600. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure has the highest PE for this date. The reduced PE for subsequent units is 0.238800. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.772 is 0.007720. The sum of the calculations for the first unit, 0.937570, is multiplied by the Division conversion factor of \$56.20 for a total of \$52.69. The sum of the calculations for subsequent units, 0.698770, is multiplied by the Division conversion factor of \$56.20 for a total of \$39.27. The total MAR for 2 units is \$91.96.

For CPT Code 97110 on January 27, 2015, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.005 is 0.452250. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.995 is 0.437800. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The reduced PE is 0.218900. The malpractice RVU

of 0.02 multiplied by the malpractice GPCI of 0.772 is 0.015440. The sum of 0.686590 is multiplied by the Division conversion factor of \$56.20 for a total of \$38.59. The total MAR for 2 units is \$77.18.

For CPT Code 97140 on January 28, 2015, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.005 is 0.432150. The practice expense (PE) RVU of 0.40 multiplied by the PE GPCI of 0.995 is 0.3980000. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The reduced PE is 0.199000. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.772 is 0.007720. The sum of 0.638870 is multiplied by the Division conversion factor of \$56.20 for a total of \$35.90. The total MAR for 2 units is \$71.80.

For CPT Code 97112 on January 28, 2015, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.005 is 0.452250. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 0.995 is 0.477600. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure has the highest PE for this date. The reduced PE for subsequent units is 0.238800. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.772 is 0.007720. The sum of the calculations for the first unit, 0.937570, is multiplied by the Division conversion factor of \$56.20 for a total of \$52.69. The sum of the calculations for subsequent units, 0.698770, is multiplied by the Division conversion factor of \$56.20 for a total of \$39.27. The total MAR for 2 units is \$91.96.

For CPT Code 97110 on January 28, 2015, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.005 is 0.452250. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.995 is 0.437800. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The reduced PE is 0.218900. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.772 is 0.015440. The sum of 0.686590 is multiplied by the Division conversion factor of \$56.20 for a total of \$38.59. The total MAR for 2 units is \$77.18.

For CPT Code 97140 on January 29, 2015, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.005 is 0.432150. The practice expense (PE) RVU of 0.40 multiplied by the PE GPCI of 0.995 is 0.3980000. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The reduced PE is 0.199000. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.772 is 0.007720. The sum of 0.638870 is multiplied by the Division conversion factor of \$56.20 for a total of \$35.90. The total MAR for 2 units is \$71.80.

For CPT Code 97112 on January 29, 2015, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.005 is 0.452250. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 0.995 is 0.477600. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure has the highest PE for this date. The reduced PE for subsequent units is 0.238800. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.772 is 0.007720. The sum of the calculations for the first unit, 0.937570, is multiplied by the Division conversion factor of \$56.20 for a total of \$52.69. The sum of the calculations for subsequent units, 0.698770, is multiplied by the Division conversion factor of \$56.20 for a total of \$39.27. The total MAR for 2 units is \$91.96.

For CPT Code 97110 on January 29, 2015, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.005 is 0.452250. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 0.995 is 0.437800. Per Medicare policy, when more than one unit of designated

therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The reduced PE is 0.218900. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.772 is 0.015440. The sum of 0.686590 is multiplied by the Division conversion factor of \$56.20 for a total of \$38.59. The total MAR for 2 units is \$77.18.

2. The total MAR for the disputed services is \$836.53. The insurance paid \$836.53. No further reimbursement is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	Laurie Garnes	August 21, 2015
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**